

Printed 05/16/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/296,031	04/21/1999	424	1642	D6218

APPLICANT

SUSAN A LYONS PH.D, BIRMINGHAM, ALABAMA; HARALD W SONTHEIMER,
BIRMINGHAM, ALABAMA.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 05/14/1999

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	_____ Examiner's Name Initials	AL	15	14	2

ADDRESS

BENJAMIN AARON ADLER
MCGREGOR & ADLER
8011 CANDLE LANE
HOUSTON , TX 77071

TITLE
DIAGNOSIS AND TREATMENT OF NEUROECTODERMAL TUMORS

SERIAL NUMBER	FILED DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/296,031	04/21/99	424	1644	D6218

APPLICANT SUSAN A. LYONS PH.D., BIRMINGHAM, AL; HARALD W. SONTHEIMER, BIRMINGHAM, AL.

CONTINUING DOMESTIC DATA*** None

VERIFIED C1P of 08/1774,154, filed 12-26-96, now Pat. No. 5,905,027
grc claims priority of 60/009,283, filed 12-27-95

371 (NAT'L STAGE) DATA*** None

VERIFIED

grc

FOREIGN APPLICATIONS***

VERIFIED

grc

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/14/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AL	SHEETS DRAWING 15	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>grc</u>	Examiner's initials _____				

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TITLE
DIAGNOSIS AND TREATMENT OF NEUROECTODERMAL TUMORS

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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